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# The Pariah Syndrome

By Andrew Nikiforuk  
and Barbara Binczyk

*The world they knew rejects them  
and the world they know can kill  
them. They are the victims of a  
poisoned environment, and they  
may be just the first*

**T**he first time Muriel Hall pulled into the gas station in the small Ontario town of Port Carling, the attendant took one look at her and took off running. He thought it was a hold-up which, in fairness, was a natural reaction: Muriel Hall was wearing a gas mask. Muriel Hall wears a gas mask almost everywhere outside her own home. She can't breathe without it. In addition, she can't drink tap or most well water, or eat the produce from local supermarkets. She can't use brand name detergents or household cleansers, or wear clothing made from synthetic fibres. She can't read newspapers or library books, or hold a job, or even visit friends. Her incident with the gas station attendant was at least amusing, unlike so many others which have ranged from the embarrassing to the tragic over the past four years.

Muriel Hall has fallen victim to the by-products of progress, to that endless proliferation of chemicals and synthetics that has transformed the way we live and continues to do so at an alarming and seemingly uncontrollable velocity. She suffers from what is variously called total allergy

syndrome, or bio-ecologic illness, or, more simply, ecological disease. It is a disease that orthodox medicine refuses to recognize, but the experiences of Muriel Hall, and so many others like her, provide compelling testimony to suggest that, in the case of ecological disease, orthodox medicine is wrong. Because it presents a variety of symptoms, individually or in combination, that ultimately baffle the traditionalists, they conveniently ascribe that handy old catch-all "neurosis" to it and shove it aside. But if they *are* as wrong as the empirical evidence suggests, then we have 75 to 80 per cent of the population – an estimate from the handful of doctors who do practise ecological medicine – living under the label "neurotic."

Ecological disease remains one of the least understood illnesses affecting man today. It masquerades as a number of common physical and emotional ailments – arthritis and colitis, migraine and asthma, depression and hyperactivity. And to add to the identification problems, it is highly individual, each victim responding adversely to different inhalants, foods, chemicals and synthetics with

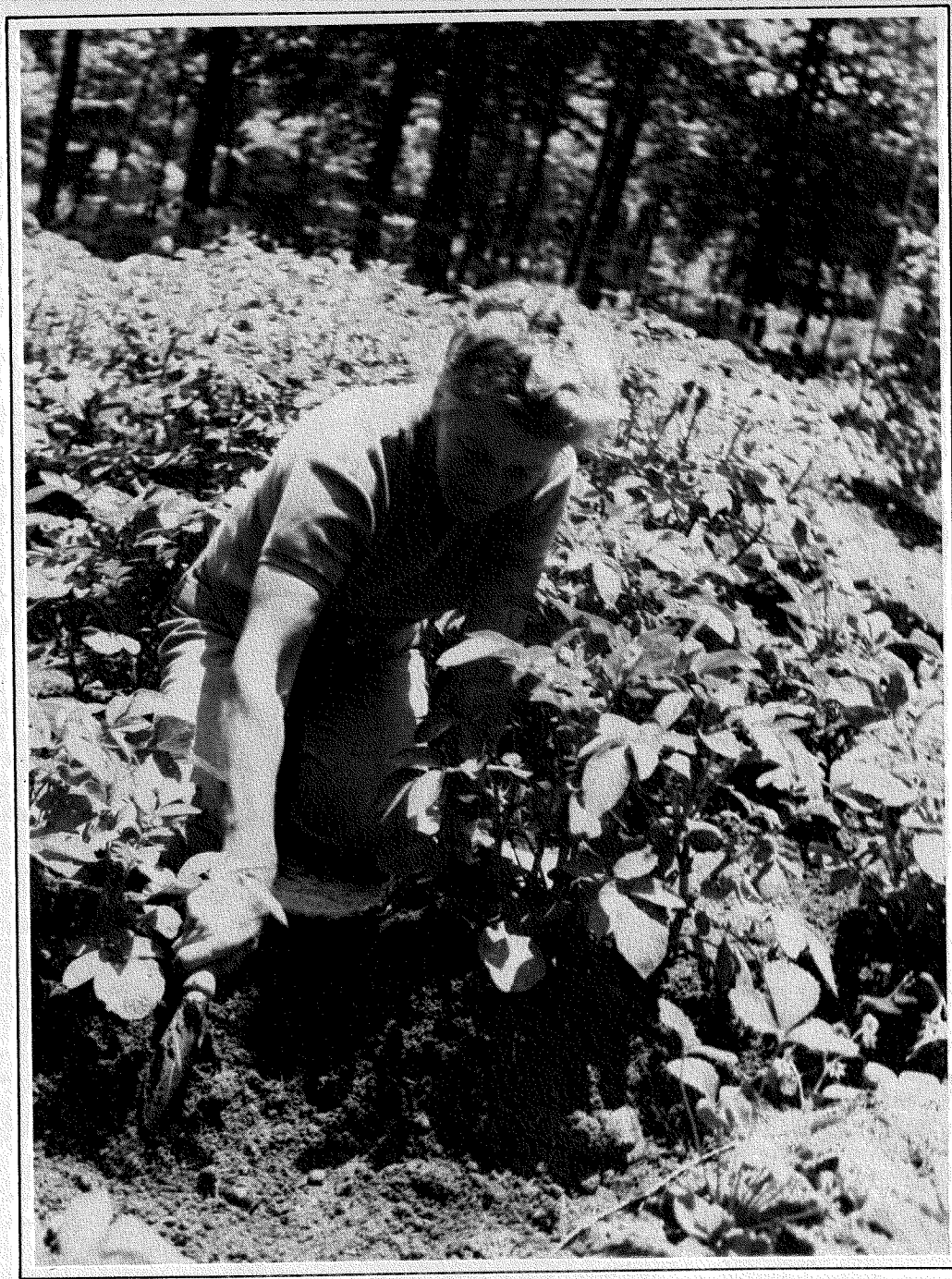
reactions as specific as the causes. The onslaught is insidious, and the recovery lengthy and laboured. Treatment is expensive – often prohibitively so – and, because official recognition is withheld, there are no Canadian hospital facilities for its victims. They have turned, therefore, to the 14 physicians who do practise ecological medicine in this country, members, with over 200 American counterparts, of the Society of Clinical Ecology, which was founded only 17 years ago.

The clinical ecologist's position is simply this: We have overloaded our environment with more chemicals than most of us can tolerate; we have become, and are becoming, allergic to the world.

**C**LINICAL ECOLOGY IS NOT A NEW discipline. It dates as far back as the father of medicine, Hippocrates, who warned physicians to leave drugs in the chemist's pot until they had first tried to heal their patients with a change in diet or environment. But the principle wasn't adopted until a 19th-century Viennese pediatrician, Clemens von Pirquet, coined the word "allergy," thereby creating a new field of medicine. By allergy he meant an individual's reaction to any substance in the environment, and the idea was soon applied to food. At the turn of the century, Francis Hare, an Australian psychiatrist, wrote a book called *The Food Factor in Disease* which described cases in which common complaints, including mental problems, were attributed to eating well-known foods. In the 1920s a California allergist, Albert Rowe, pursued this idea. He proved that chronic ailments like migraines and eczema could be cured by eliminating certain foods, such as wheat, eggs or milk, from the diet.

But, just as the field of allergy was broadening its scope and respectability, European allergists were asking their American counterparts to narrow their definition of allergy to the study of how the body resists germs and allergens by producing antibodies and antigens – what they called "bodily mechanism of reaction." They thought this would make the discipline more scientific. Perhaps it did, but it also left little room for studying the environmental causes of allergy. Consequently, allergists were divided into two camps, the orthodox, who





Peter Emmerson

placed more emphasis on bodily mechanisms of reaction (what is really called immunology), and the unorthodox, who concentrated on identifying and eliminating the environmental causes of allergic reactions. While the first group explored the apolitical world of pollens, dust, danders and moulds, the unorthodox allergists continued their investigations of foods and chemicals.

The two most important pioneers of this unorthodox group were Drs. Herbert Rinkel and Theron Randolph. Rinkel, a Kansas City allergist, discovered that many food allergies

are hidden; in other words, while most people can accept that eating strawberries or shellfish can produce an immediate reaction such as a rash or hives, few understand that many food reactions can be delayed to emerge later as symptoms like headaches, depression and running noses. Rinkel came to this radical conclusion while trying to figure out the cause of his own debilitating allergies.

As a medical student he had a constantly runny nose, sore throat and ear problems. He went to several doctors, but none could help. At that time he was so poor that he practically sub-

sisted on the eggs given to him by his father, a Kansas farmer, and, familiar with the idea of food allergy, he experimented, eating six eggs in one sitting. There was no reaction, but after eliminating eggs from his diet for five days he ate a piece of angel food cake which contained eggs. He passed out. He repeated the experiment and had the same acute reaction, so he stopped eating eggs. His nose stopped running. Rinkel continued to study the phenomenon for several years, finally concluding: "If one uses a food every day or so, one may be allergic to it, but never suspect it as a cause of

*Muriel Hall was seen by more than 20 doctors. She was told she was perfectly well, or that her allergies were in her head*

symptoms. It is common to feel better after the meal at which the food is used than before mealtime. This is called masked food allergy."

It's also called food addiction, because eating the offending food will give the individual first a high, and then a low, as he or she goes through withdrawal. The discovery spawned a rule of thumb: Individuals are most allergic either to foods they love (hidden allergies), or ones they hate (immediate reactions). Rinkel's name is still a red flag to traditional allergists. The mere mention of it at their meetings brings lectures and discussions to an abrupt end.

The next major discovery was made by Randolph, a Chicago allergist who, like Rinkel, had explored the nature of food addiction and its relation to chronic illness. Because of his work he lost a major grant from a food company, a teaching position, and hospital privileges. He continued his research, however, and found that chemical exposure could provoke the same kind of reactions caused by hidden food allergies. The problem was first brought to his attention by a patient who couldn't eat commercial apples without getting a headache. One day the patient picked some apples from an abandoned orchard and ate them with no reaction at all. Randolph reproduced the experiment in his office with other patients and found that they tolerated unsprayed fruit but not fruit sprayed with chemicals. Randolph also observed that attacks of colitis, nervousness, depression and asthma could be brought on in some patients by giving them sprayed fruit. His findings led him to make two rather startling conclusions: that seemingly harmless chemicals in the environment can cause chronic physical and mental illness; and that exposure to these chemicals in infinitesimal amounts can cause

acute reactions. He called the problem "chemical sensitivity."

Randolph made his discovery 10 years before Rachel Carson wrote about the chemicals that are destroying the environment in *Silent Spring*. A year after Carson published her well-known work, Randolph came out with the medical equivalent, *Human Ecology and Susceptibility to the Chemical Environment*. Most physicians ignored the book, and still do.

In challenging traditional medicine to consider the role the environment plays in disease, clinical ecologists reap scorn, laughter and hostility from their mainstream peers. In rebuttal, they insist that traditional medicine's answer to chronic illness, which they consider little more than covering up symptoms by administering drugs in sub-lethal doses, is not a sustainable solution. Instead, they have developed unorthodox treatments for this patently unorthodox disease: identification of the cause and elimination of the offending agent, or neutralization of its effect, which almost always means a change in diet, environment, lifestyle and attitude. Clinical ecologists, many of whom originally specialized in allergy or psychiatry or even heart surgery, regard their findings as something of a revolution in medicine, and they believe they have at least some of the answers to the question most people are afraid to ask: What's in the environment that's making people sick?

**M**URIEL HALL'S ILLNESS FIRST began in 1978 when she moved into a new home. The original symptoms were headaches, broken sleep, night sweats and swollen joints. By 1979, she had to quit her job as a high school teacher. She was plagued by constant headaches and nagging fatigue. During the next three years, Hall saw more than 20 doctors — clinicians, bone surgeons, heart specialists, neurosurgeons, psychiatrists, internal specialists. Some said she was perfectly well. Others said her allergies were all in her head. None could relieve her symptoms, much less cure her.

In 1981, her health declined even further. The pains in her joints intensified, and she could walk only with the help of canes. She started to have adverse reactions to an increasing variety of foods. She lost 45 pounds within four months.

Finally, on the advice of a nurse who worked for a traditional allergist,

she saw two clinical ecologists. They immediately recognized the distinctive nature of her illness — what amounted to a progressive degeneration of the body — and by exposing Hall to minute chemical doses they identified the underlying causes: hydrocarbons, tobacco smoke (which contains 16 different gases), glycerine, ethyl alcohol, food colouring, phenol (carbolic acid), formaldehyde, tap water, paper, and more than a dozen foods. Hall was exquisitely sensitive.

She began to change her environment. Her husband removed the wall panelling, which exuded formaldehyde, fixed the plumbing, which gave off methane, and changed the heating system from gas to electricity. She altered her diet and lifestyle, and quickly began to put on weight and feel well again. Hall survives today by avoiding the substances to which she is highly sensitive. Every six weeks she and her husband travel 250 miles to an artesian well, where she gets the only water that doesn't give her a stomach ache. Her food must be organically grown — free of pesticides and chemical additives. She makes her own soap from beef or lamb fat and coconut oil. Her clothes, bedding and curtains are made of 100-per-cent cotton, because it is a natural fabric her body can tolerate. Newspapers are aired outside for four weeks and read through an enclosed reading box with a glass top. And, of course, there is the gas mask, which allows her to function in the outside world. Hall, author of a report on the pesticide Captan, now works to inform people of the nature of ecological disease. She uses one word to describe it: "devastating."

Few orthodox physicians would be satisfied by Hall's recovery at the hands of clinical ecologists, even after traditional medicine so demonstrably failed her. To many, even the subject is anathema.

**"T**HEY HAVE NO SCIENTIFIC BASIS whatsoever," says Allan Knight. "They're faith healers. It's nonsense. These people are half-cocked." He's head of the clinical immunology division at Sunnybrook Medical Centre, Toronto, as well as an associate professor of medicine at the University of Toronto. He speaks unreservedly and more candidly, perhaps, than most, but he speaks nonetheless for traditional medicine. "They rip people off by charging them for tests that



have no scientific merit. They misconstrue reactions to the environment as allergy. They take people whom no one can help because of psychological problems and say it's an allergic thing."

Knight acknowledges that substances in the environment such as food additives and air pollution cause ill health, but adds that he, for one, doesn't want to make a fetish out of it. "It's just the extremity that bothers me, the hyperbole they use. The term clinical ecology is just disgusting – as though the average doctor doesn't take the environment into account." He also says a course in clinical ecology would be laughed out of medical school. "Their lack of acceptance is due to the fact that they are not scientific," he repeats, adding that the American Academy of Allergy not only renounces the methods of clinical ecologists but prohibits its members from even appearing on television or radio programs that deal with the topic. Although he says he has absolutely no use for such well-known clinical ecologists as Dr. Doris Rapp and Dr. Marshall Mandell, he concedes that sometimes their method works – but not for the reasons they think: "Sure they make people better. So do priests and so do psychiatrists."

Even so minor a concession would not come from Dr. Edward Sim, director of the Allergy Service at the Children's Hospital of Eastern Ontario in Ottawa. In the February edition of the *Journal of the Canadian Medical Association* he launched a bitter one-page argument against clinical ecology. "The concept of ecologic illness can itself be harmful," he warned. "The idea that many common substances, especially synthetic material found in the home and workplace, can cause symptoms and greatly reduce mental efficiency, is bound to arouse unnecessary anxiety and confusion in many patients and may deter them from seeking more scientific or rational solutions to their problems."

Procedures used by clinical ecologists certainly make the field a distinct if not radical challenge to traditional medicine. Once organic disease has been ruled out, an "ecological investigation" begins. The patient is asked to provide an exhaustive medical history and answer a chemical questionnaire. His or her complaints will be accepted as valid until they can be proven otherwise with "provocative" testing. Unlike convention-

al allergists, clinical ecologists have abandoned the familiar scratch test, claiming it's only 40 per cent accurate. Instead they conduct a series of tests that challenge the patient with extracts of foods or chemicals suspected of being the underlying cause of the complaint. Minute doses of these extracts are administered either under the tongue or into the skin. If, for example, chlorine is suspected of precipitating abdominal pain, a chlorine extract will be administered; reproduction of the symptoms confirms the doctor's or patient's hypothesis. In contrast to traditional allergy testing, a clinical ecologist can turn off the reaction by again giving the patient a much smaller dose.

These controversial tests are not covered by existing health insurance plans in the provinces – Ontario, Saskatchewan, British Columbia – where there are doctors practising clinical ecology. In 1978 these tests were removed from Ontario's Health Insurance Plan (OHIP) fee schedule when it was concluded that a few general practitioners unskilled in the technique were allegedly "milking the system." Since then the Ontario Medical Association has refused to reinstate the tests, claiming they are "scientifically invalid."

Clinical ecologists readily admit they don't know why the provocative-neutralization technique works. Its mechanism remains a mystery. But, they say, that's no reason not to use it. "Just because I don't know the intricacies of what makes a car work doesn't mean I shouldn't turn the key and drive – the same applies to clinical ecology," argues Dr. Irvine Korman, a recent convert to clinical ecology. "We want to help the patient get well. . . and do no harm." If a patient improves and prospers that's all the empirical evidence that's needed, add fellow practitioners who believe that the burden of proof rests in university labs not in doctors' offices.

Despite numerous "double blind" studies using placebos (in which neither patient nor therapist is told what is being administered) and adhering to the scientific method, the medical community remains unmoved. "Really what they are doing is listening to people's problems and giving them some kind of solution to hang their hat on," says Toronto allergist Ron Filderman, who sits on the Ontario Medical Association committee that recommends which services

OHIP should pay for. "Yes, they see reactions [but] on the other hand, you badger someone long enough you are going to find a reaction."

Attacks on clinical ecology are by no means confined to the verbal. In the United States – Theron Randolph is a case in point – clinical ecologists have had their hospital privileges removed, their licences suspended and articles rejected by medical journals. One American physician considers these measures to be examples of "medical McCarthyism."

But we may not have to cross the border for mutually destructive confrontation. Consider the practice of Dr. Glen Green in Prince Albert, Saskatchewan. The province's College of Physicians and Surgeons has placed him under investigation. Green is a clinical ecologist trained in the United States, who calls what he does "preventive medicine." He says he practised what he calls "crisis medicine," for 22 years, until his wife became bedridden with ecological disease in 1974. "I decided then," he says, "that modern medicine wasn't so smart." (It's interesting to note that most of Canada's clinical ecologists entered the field because they or their relatives had food or chemical allergies

*Rodney Dunn, after losing 75 pounds in 18 months, had begun to consider suicide, and at one point he even loaded his shotgun*

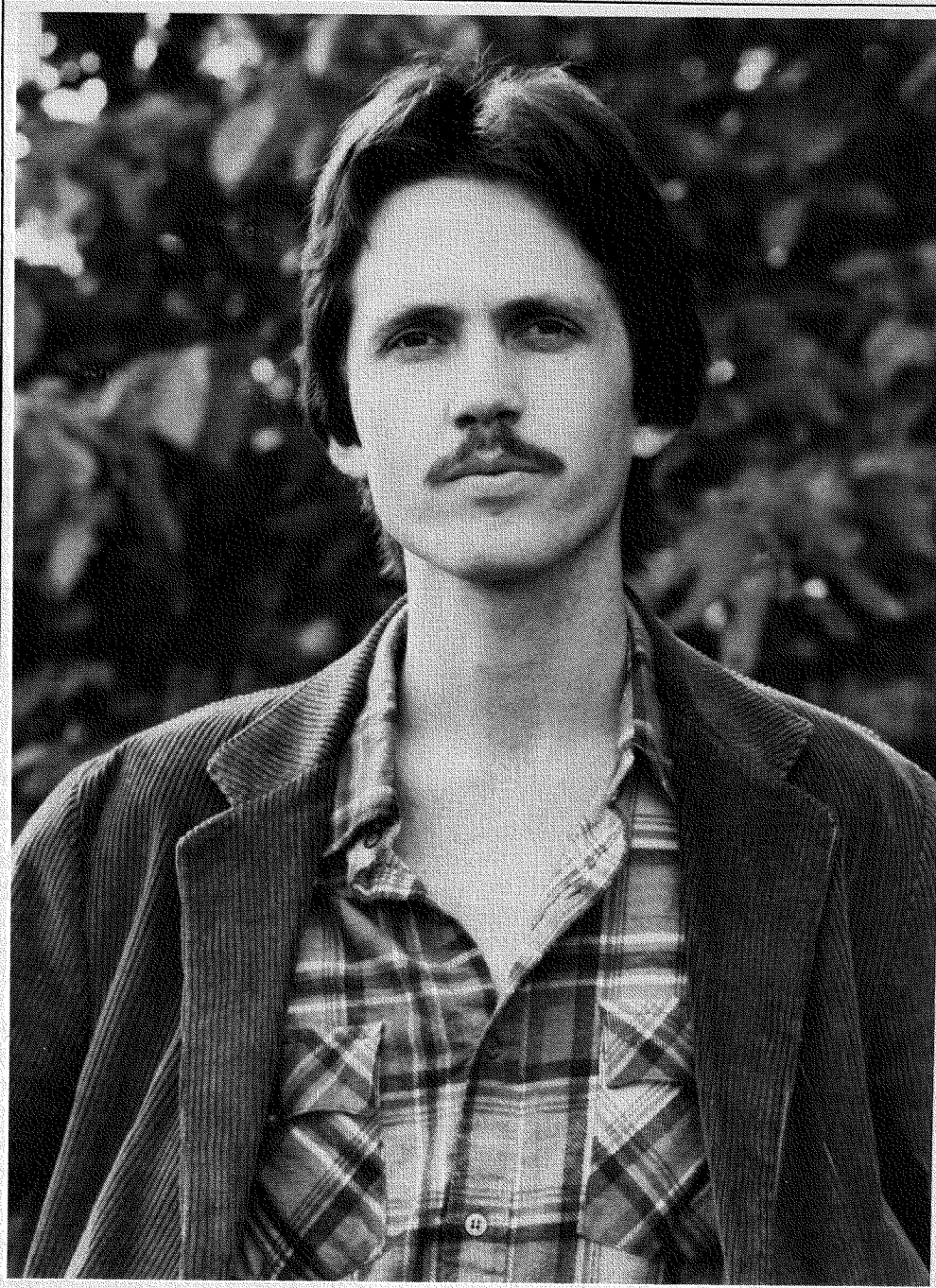
that their medical school training couldn't cope with.)

Before he switched, Green was seeing 40 to 50 patients a day. Now he sees maybe half that number. He used to prescribe \$10,000 to \$20,000 worth of pills a month. Now he writes prescriptions for \$100 to \$200 worth. His once considerable income has dropped to the level of a doctor practising his first year of medicine – much lower, he says, than the province's \$85,000 average for doctors. "What I'm doing is old-fashioned medicine. I sit down and talk to patients and find out what's going on at home and in the family and then get



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them to change their lifestyle to restore health."

The College of Physicians and Surgeons, which controls his right to practise, has charged Green with lack of sound medical judgement (among the complaints are two from former patients suffering from colitis, who claim their diarrhea got worse while under his care), and with setting unreasonable fees. He bills \$150 per consultation — of which medicare pays \$60 — but says he spends up to an hour and a half with each patient. The college has held off setting a penalty, which could range from a

reprimand to removal of his licence, because Green has challenged the college's jurisdiction and authority in the courts. "We don't go out on witch hunts," explained a college spokesman. "Our purpose is to protect the public." But Green's perspective is, needless to say, somewhat different: "The problem is they can't see the other side — there's no one so blind as someone who can't see — and they won't see the other side until one of their relatives or friends gets one of these problems." He suspects the medical establishment would have tried to take away his licence years

ago if it hadn't been for one illustrious patient: John Diefenbaker.

**R**ODNEY DUNN IS NOT AN ILLUSTRIOUS patient. But he was, for nearly five years, a frustrated and often terrified patient, and today he is a supremely angry one. Of the conventional practitioners who treated him over those years, he says: "You'd like to take them by the neck . . . . It's a damn shame. I almost died . . . . You'd wonder why they don't open their eyes to some of these things."

In 1977, Dunn, a 28-year-old factory worker now living on a disability



pension, entered a Toronto Hospital complaining of dizziness and light-headedness. A specialist in internal medicine conducted a battery of tests, including skull X-rays. Finding no organic disease, he told Dunn he was "a very nervous person," and put him on two tranquillizers, Solium and Tofranil. Dunn was soon taking a daily dose of 40 milligrams of Solium and 75 milligrams of Tofranil.

In 1979, he was referred to a gastroenterologist because of extreme pain and a burning sensation in his abdomen. Again, a thorough examination produced nothing. But this doctor at least asked Dunn what he drank, which turned out to be about a gallon of milk a day. He advised Dunn to stay off milk and other foods that he ate regularly, and within a few days the abdominal pains disappeared. (Unknowingly, Dunn had solved one of his allergy problems.)

In 1980, he began to experience extreme migraine headaches. His family doctor put him on Fiorinal, the strongest headache killer on the market. "I had to take them," he recalls. "My doctor couldn't help me in any other way."

By 1981 Dunn was taking seven to nine Fiorinal tablets a day, besides the tranquillizers. His weight had dropped, in an 18-month period, from 210 to 135 pounds. In August, he had to quit his job. And he was convinced he was dying. "My mother said that every time she heard the phone ring she expected to hear that I'd gone." Several times he contemplated suicide, and once he even loaded his shotgun. In September he was back in the same Toronto hospital he'd entered in 1977, and the same internist conducted more tests. This time he told Dunn that his kidneys and liver were failing, that his blood counts were off and that he had a substantial heart murmur. "I've never seen anything like it," he admitted.

Before Dunn checked himself out of the hospital (its environment was making him sicker), he ran into the same gastroenterologist who had told him to stop drinking milk. After two of his three daughters developed ecological disease and couldn't be helped by orthodox medicine, Dr. Irvine Korman had become a clinical ecologist. He advised Dunn to clean up his environment, eat only organic food, and get off his pills – but *slowly*. By this time, however, Dunn was so desperate he decided to go cold turkey.

"My body just about went crazy." But, after five days he began to sleep well and his migraines subsided. He started to regain some weight and, for the first time in five years, he felt he had some energy and strength.

Korman tested Dunn using clinical ecology procedures and found him to be extremely sensitive to formaldehyde, phenols, alcohols, chlorine, preservatives, MSG and most foods.

Now sufficiently recovered and functioning, Dunn goes on speaking tours with Korman to help explain the principles of environmental medicine. "I'm going to do everything in my power to make this problem known to people. I want to help people who've been all doped up for nothing just because some well-educated son-of-a-bitch doesn't want to accept the facts. . . ."

**D**R. JOHN MACLENNAN ACCEPTED the reality of ecological disease 25 years ago, and he's been quietly practising it in Dundas, Ontario, ever since. A Canadian pioneer in the field of clinical ecology, Maclennan considers what he does to be very precise and scientific. He also believes that when a patient says he's suffering, he should be taken at his word, and that his doctor should pay attention. "None of us is any better than our knowledge and expertise. . . . My philosophy is that any doctor is only as good as his failures. If you keep your failure rate down and continually try to reduce that rate – that's the way to go." Which is why 69-year-old Maclennan abandoned the traditional allergy practice: dissatisfaction with his failure rate. Also, he had grown tired of the practice of treatment-by-prescription. "All they do is try to suppress the symptoms. They don't try to find the causes. And this applies to our university-oriented people too: They are more interested in putting a name on a disease and finding a drug to suppress the symptoms."

Clinical ecology, on the other hand, allows Maclennan to place medicine within the context of human ecology – how man adapts to changes and stress in his environment. "We're looking at an iceberg," he declares. "And about one-eighth of the iceberg is visible complaint. But potential future illness is represented in the remaining seven-eighths that is submerged. These are your potential sensitivities that are controlled at the

*For Barbara Mowat,  
life is defined by  
a kitchen papered  
in aluminum foil  
and a full-time  
search for foods  
free of chemicals*

present time by your adaptive processes. But all you need to do is to get, over a period of years, a wearing down of your defences, a melting of the iceberg, so to speak, and then you reach a point where you can no longer cope." That melting of the iceberg takes the form of massive chemical exposure either over a short or extended period of time. In clinical ecology such an exposure is called an overload, and it begins when the individual's saturation point is reached. At this stage, even minute levels of chemicals can produce serious physical or emotional reactions.

It doesn't take much of an imagination to realize just how much man has dangerously overloaded his environment. Since the Second World War 85 per cent of the population has moved from relatively clean rural environments to smoggy and congested cities. Homes that were once furnished with natural fibres (wood, cotton, leather) now contain plastics, polyesters, foams and fibreglass. City water contains 1,000 to 10,000 more synthetic compounds than spring water. In 1910 about 10 per cent of all North American foods were processed and treated with additives, but now 80 per cent of all foods are adulterated. The result: The average individual consumes at least one gallon of fungicides, bleaches, dyes, antibiotics, hormones, preservatives, moisturizers and emulsifiers a year. (Significantly, among primitive peoples allergies are almost non-existent.) Pesticides, the leading offenders for the chemically sensitive, come not only in food and water supplies, but in cosmetics and textiles. Concludes Theron Randolph in *An Alternative Approach to Allergies*: "The percentage of patients reacting to chemicals year after year increases as the quality of the environment as a whole declines."



While many of us have adapted quite successfully to this chemical soup, others have developed a variety of symptoms, from headaches to abdominal pains that are traceable to food and chemical allergies. Obviously, one conclusion is that the majority of us have not reached the saturation level that makes us as incontrovertibly susceptible as a Muriel Hall or a Rodney Dunn. But clinical ecology also theorizes that each succeeding generation will be increasingly prone to the disease – predisposed to react more severely to smaller and smaller overloads. "It's been well recognized in the field of allergy that a strong

family history of allergic disease is usually reflected in the offspring," says MacLennan. "They say if one parent has active allergic disease, there's a 60 per cent chance the offspring will be born with it. If both parents have it, there's an 80 per cent chance." Thus, the combination of increased environmental pollution and decreased resistance creates the spectre of a health problem that is only going to get worse. It points toward a not-too-distant future in which struggles for survival like Muriel Hall's and Rodney Dunn's may be closer to the rule than the exception.

This is something, of course, that

clinical ecologists, like the rest of us, can do a great deal about. What they can do – and are doing – is to provide treatment that reduces the severity of the illness and allows patients to function in the world. It can be as simple as eliminating one food at the breakfast table, or as complicated as totally remodelling a whole house. The Halls, for example, have spent more than \$20,000 making their Port Carling home tolerable – after Muriel Hall spent half a year living in a van. Organically grown food is also mandatory, and it is often twice the cost of supermarket produce, when it can be found at all.



**B**ARBARA MOWAT, WHOSE LIVING space in her Inglewood, Ontario home consists of two specially renovated rooms (the kitchen walls are papered in aluminum foil, and her telephone receiver is wrapped in it), goes on weekly shopping trips that are close to daunting. Organically grown vegetables in one town, organically fed chicken, pork, goat and lamb in another, buffalo in a third, vegetables in a fourth and chemical-free fish in a fifth. "It's just a full-time job getting food," she says. Her problems with clothes are no less severe. "I buy old, second-hand clothing and bedding because most of the chemicals have been removed by repeated washings. Then I wash them in clear water 15 times." And if the price of day-to-day existence is high, the cost of institutional treatment, sometimes the only answer, is close to prohibitive — anywhere from \$15,000 to \$50,000 for a one-month stay in one of the four clinics now operating in the United States.

Financial considerations aside, however, there is not one aspect of a victim's life that is not touched by the disease. And of the burdens created by it, few are worse than the social isolation that comes of the inability of friends and relatives to understand. Last year, for example, Muriel Hall attempted to attend a family reunion without the protection of her gas mask. She was acting out of fear — fear of misunderstanding, fear of the hostility her condition and its trappings so often engender. Within an hour tobacco smoke, perfume and other odours had her gasping for breath and close to physical collapse, and she had to put on the mask. Immediately, the family began to withdraw from her. "They had discussions about my mental condition. That was very difficult to cope with. It's all right when strangers think you're mental, but when it's your own family, it's really hard to deal with."

At least at the beginning, it isn't surprising that even the people closest to ecologically ill patients recoil and wonder if indeed it isn't simply madness. "I thought they would put him in a psycho ward," admits Lee Dunn, Rodney's wife. And it wasn't until she became convinced of her own chemical sensitivities — a lipstick that was giving her a chronically sore throat, a finishing agent in a new dress that was giving her a rash — that she came to see her husband's prob-

lem for what it was. Unlike so many others, friends and close relatives who have simply drifted (or scrambled) away, Lee Dunn has made the necessary accommodations.

She has weaned herself from cosmetics, replaced her new permanent press sheets with simple cotton ones, and forced herself to dust the apartment daily. And, as soon as she comes home from work, she heads straight to the bathroom. "I take a bath, change my clothes, and then I can come in and kiss Rodney hello." She recognizes that it is a matter of her husband's survival.

And survival is the word: The victims of the modern world, even the few like Rodney Dunn and Muriel Hall and Barbara Mowat who have been able to connect with clinicians who can help them, live in the most fragile of circumstances, constantly threatened by some new chemical — or excess of an old one — that will throw off the delicate balance of their lives. "Those who become highly sensitive and maladapted are usually not the same thereafter," says Theron Randolph.

**F**OR THESE PEOPLE, THE STRUGGLE for their lives has also been the struggle of a lifetime, as it has been with Lynne Kolodzie, whose story encompasses the breadth and depth of just what it means to suffer from ecological illness. The 40-year-old former schoolteacher and interior decorator has a long history of allergies: Chronic sore throats, hyperactivity and severe stomach aches plagued her as a child and, when she was 21 years old, she developed mononucleosis (which was misdiagnosed as mumps). This was the beginning of what she calls her "downward trend." As she grew older, her symptoms became more pronounced. The sore throats developed into regular bouts of strep throat; fatigue was a constant companion; and she had severe digestive complaints.

She was tested by a traditional allergist and given shots that didn't help. A gastroenterologist diagnosed a spastic colon, and put her on a laxative for the rest of her life. And then there were those, whom she facetiously calls "the good doctors," who declared she was just not able "to cope with everyday stress." She saw almost 20 physicians during that period.

In 1978, Lynne and Joe, her husband, purchased what was to be their dream home in a small village near

Oshawa, Ontario. They renovated and redecorated. She started to pick up clients for the interior decorating business that was another of her dreams, and, as well, she was getting offers to supply teach. "I was doing things I wanted. I really should have had everything there to make me feel good about myself and about life, but instead I was getting worse and worse and worse."

Finally, in December of 1980, after doing some research on her own, she visited a clinical ecologist and discovered she was allergic to a number of chemicals. The Kolodzies began to clean up their home by removing offending chemicals and detergents, and she went on a rotation diet (see "Defensive Medicine," page 60). Still, her health declined. Her fatigue became so severe that she could only go out one day each week and, as she puts it, "had to pay for it the rest of the time. It was like a banking system." Then came insomnia. "And I started to cry a lot. I got mad for no reason. What scared me was that I felt like I was going to black out." By the spring of 1981, Lynne Kolodzie was on oxygen and bedridden. "I was getting worse, and yet I was following everything I was supposed to do, according to the clinical ecologists."

*Lynn Kolodzie was just getting over urea-formaldehyde poisoning when the neighbours sprayed a pesticide that almost killed her*

The culprit? Urea-formaldehyde foam insulation. The Kolodzies had installed it when the renovations on the new home began. Joe says it took him some time to believe the insulation had triggered his wife's illness. She says *his* personality was also affected by the insulation, and that their children, Paula and Nicholas, showed symptoms ranging from asthma to apathy and extreme fatigue. A two-week stay at a cottage where Lynne showed remarkable improvement eventually convinced Joe that their home was literally killing his wife. When the family returned to the





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house and opened the door, a blast of accumulated formaldehyde gas almost made Lynne pass out.

Unable to stay any longer, Lynne moved temporarily to her parents' home in Toronto. They stripped down a bedroom and made it ecologically safe. She started seeing Dr. Carolyn Deane, a holistic practitioner familiar with clinical ecology; and, feeling better in her safe surroundings, under the care of a physician who didn't believe her problems were "all in her head," Lynne began to feel better – and better about herself.

Then her parents' neighbours

sprayed their lawn with a pesticide and she relapsed with a vengeance, close to the point of no return. "I was dying. I knew I didn't have much longer." She was admitted to Theron Randolph's environmental control clinic in the Henrotin Hospital in Chicago, thanks to a fluke cancellation. She regained some of her strength, learned more about the nature of her allergies and how to cope with ecological disease and, perhaps most important, she was able to share her experiences with other chemical victims at the clinic. She's convinced the month-long stay there saved her life.

Lynne's body remains, however, in a state of overload; she still reacts adversely to a multitude of chemicals and foods. An oxygen tank, dubbed Olive, rests beside her bed, and she leads a life full of all the restrictions that the ecologically ill can experience. Nevertheless, she feels she's now solidly on the road back to recovery. "Once you are feeling well, you are never, ever going to give it up." She speaks now of going the distance. "In spite of the severity of the illness – there are times it's already more a disability than an illness – I have been very, very lucky. I've met a



number of people who haven't had the same blessings to fall back on."

There are some blessings, however, that continue to elude her. Like old friends, who are now, much to her sadness, behaving like former friends. "Joe and I are both sociable people. The children are. That's been a severe loss to all of us. We did lose most of our friends. A lot of the family didn't even come around. It was a time of confusion and conflict and alienation, and real suffering for all of us on that level."

The Kolodzies sent a letter to all their friends, detailing the progression of Lynne's illness, the diagnosis, the changes the family has had to make. It describes Lynne's symptoms, the connection to foam insulation, her stay in Randolph's clinic, and how their new home must be an oasis from pollution. It ends:

*... In the past three years we've lost touch with so many people. We miss our friends and hope this letter will re-establish contact. As our new home helps to rebuild a healthy lifestyle for all of us, we'd like to share it with you. Please write and/or come to visit.*

*Happy New Year wishes for 1982. God bless you.*

*Love, the Kolodzies*

The package the Kolodzies sent to their friends also contained a letter from young Paula. It tells the story of her mother's dreams and courage. And how the world around her nearly destroyed them. It's addressed "to all who don't understand."

*Andrew Nikiforuk is a freelance writer and part-time reporter for The Globe and Mail, who is returning this fall to teaching children with learning disabilities in Winnipeg. Barbara Binczyk is an employee of CBC Radio.*

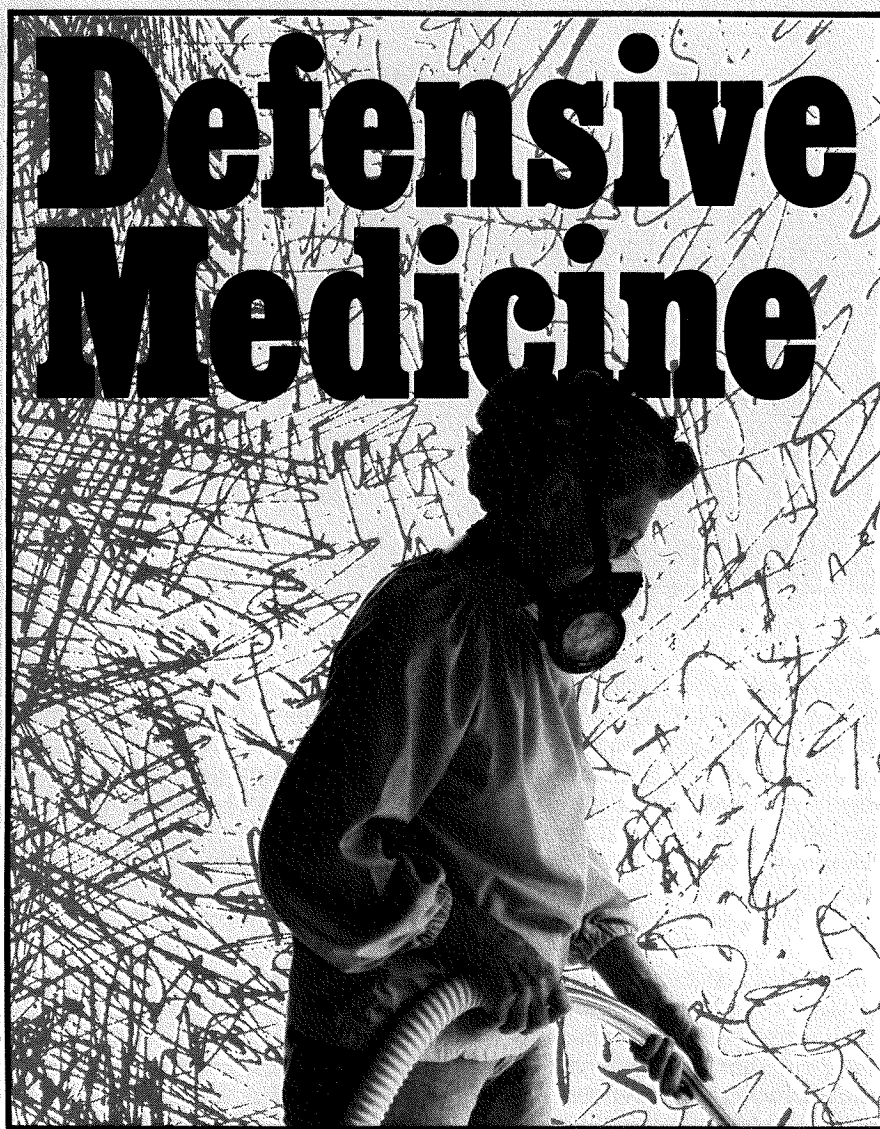
## SOURCES

### Books

*Common Sense for the Sensitive*  
Edited by R.W. Vince  
Human Ecology Foundation  
of Canada  
Dundas, Ontario, 1981

*Chemical Victims*  
By Dr. Richard Mackarness  
Pann  
London, 1980

*Dr. Mandell's 5-Day  
Allergy Relief System*  
By Dr. Marshall Mandell and  
Lynne Waller Scanlon  
Pocket Books  
New York, 1979



**P**reventing ecological illness involves controlling and managing the environment so as to minimize chemical exposure. Living in an environment with clean air, water and food is the ideal, of course, but such places are impossible for most people to find and are becoming increasingly so. There are, however, a number of measures related to housing, diet and prenatal care that individuals can adopt to lesser or greater degrees depending upon their own sensitivities and/or histories of allergies. They require, first of all, some broad-minded thinking.

**Think Ecologically** Environmental medicine proves, if nothing else, that certain laws of ecology are inviolate. The two most important laws have been aptly expressed by U.S. biologist Garrett Hardin. The first is, "We can never do [just] one thing." Chemicals cannot be added to the air, water, food, clothes, furniture, homes without endangering human ecology and public health. There is a price for everything. The second important law is, "Guilty until proven innocent." No new product of this chemical age should be regarded as safe until its own special cause-and-effect relationship with the environment can be tested. Because of the biological uniqueness of each individual, what may be safe for Mr. Jones may be dangerous for Mr. Smith.

Peter Emmerson

*How to Survive Modern Technology*  
By Dr. Charles T. McGee  
Keats Publishing Inc.  
New Canaan, Connecticut, 1979

*Brain Allergies:  
The Psycho-nutrient Connection*  
By Dr. William H. Philpott and  
Dr. Dwight K. Kalita  
Keats Publishing  
New Canaan, Connecticut, 1980

*An Alternative Approach to Allergies*  
By Dr. Theron Randolph and  
Ralph W. Moss  
Lippincott & Crowell  
New York, 1979

*Sunnyhill: The Health Story  
of the 80s*  
By Bruce and Barbara Small  
Small and Associates  
Goodwood, Ontario, 1980

*Chemical Susceptibility and Urea-  
Formaldehyde Foam Insulation*  
By Bruce Small  
Deco Plans Montreal, 1982

### Organizations

Human Ecology Action League  
(HEAL)  
505 North Lake Shore Drive  
Suite 6506  
Chicago, Illinois 60611

A nationwide organization that represents the rights and interests of clinical ecologists and the environmentally ill.

Human Ecology Foundation  
Head Office  
465 Highway 8  
Dundas, Ontario L9H 4V9  
The Human Ecology Foundation was founded in 1967 to give material and emotional support to the victims of ecological illness. Contact the head office for ad-

resses of regional branches, names of clinical ecologists, organic farmers and suppliers of natural fabrics.

Allergy Information Association  
Room 7 - 25 Poynter Drive  
Weston, Ontario  
M9R 1K8  
Contact: Susan Daglish

Plain Air Environmental  
Allergy Society  
Box 46711, Station G  
3760 West 10th Avenue  
Vancouver, British Columbia  
V6R 4K8

Center for Science  
in the Public Interest  
Publication: *Environment  
and Behaviour*  
1755 5th St. N.W.  
Washington, D.C. 20009

**Housing** Pollution in the home is a more potent and dangerous source of chemical exposure than air pollution. To minimize the concentration of noxious fumes in the house, store all pesticides, perfumes, paints, varnishes and disinfectants outside, or in an airtight box. Use natural, non-scented cleaners such as washing soda, vinegar, borax or Bon Ami. Avoid synthetic fabrics (they can contain formaldehyde, resins and insecticides). An electric or microwave oven is cleaner than a gas stove: Studies of indoor pollution have found that a gas oven can produce concentrations of carbon monoxide and nitrogen dioxide equal to the worst smog. A home can safely be heated with electricity, solar energy or heat pumps. An ecologically sound house is usually several years old and has hardwood or ceramic floors, plaster walls (no wallpaper - it contains pesticides and moulds), a dry basement, electric heat and excellent ventilation.

**The Oasis** If an individual is going to make any changes at all in the home, he or she should begin in the bedroom. Highly sensitive individuals need at least one safe haven. The bedroom should be stripped of synthetic fabrics (carpets and drapes), plastics, cosmetics and any excess furniture. The fewer things in the room the better. Bedding should be made of natural fibres: cotton, wool

or linen. A spare clean bedroom permits a chemically sensitive individual to "clean out," or detoxify, overnight and awake rested.

### The Rotary Diversified Diet

This is both a prescription for good health and one way of preventing food and chemical allergies. It's based on the following principles: ① Eat plain, organically grown foods free of additives or contaminants. Clinical ecologists estimate that the average individual consumes at least a gallon of synthetic additives, bleaches, dyes, hormones, antibiotics, preservatives, moisturizers, emulsifiers and pesticides a year. Food, then, is a major source of chemical overload for many individuals. ② Eat a variety of foods. Most North Americans develop allergies to the foods they eat most: corn, beef, eggs, sugar, milk and wheat. ③ Rotate foods. On a four-day rotation, chicken might be served on Monday, fish on Tuesday, lamb on Wednesday, pork on Thursday and chicken again on Friday. Vegetables, fruits, nuts and oils must also be rotated. The rationale for such a regimen is simple: Allergies develop when individuals eat any one food repeatedly and it takes the body four days to recover from the effects of eating any one food. ④ Rotate food families. All foods belong to families. Carrots, celery, dill, parsley, parsnip and coriander are members of the

carrot family, for example. If an individual eats carrots on Monday, dill on Tuesday and celery on Wednesday, then he or she really isn't on a rotary diet. ⑤ Eat safe foods first. After several months on the rotary diet, reintroduce foods that, in the past, caused reactions.

For highly sensitive individuals the principle of rotation must be applied to vitamins, soap and even spring waters. Just as farmers must rotate crops to keep the richness of the soil, so too must many individuals rotate foods to stay healthy.

**Health Care** The best form of prevention takes place before childbirth. If a couple suspects a family history of chronic illness or allergies, a clinical ecologist should be consulted. Together they can identify offensive agents and construct a management program, so that the parents will be in an optimum state of health prior to conception. Natural childbirth, lengthy breast-feeding and a three-day rotary diet for the infant are highly recommended. The best patients, confides Dr. Irvine Korman, are those who know as much as the doctor. That, he adds, requires common sense, patience, guts and intelligence. "We are not advocating destruction of our society but a different form of consumerism: organic food, natural fabrics, clean forms of energy. . . ." Prevention in its broadest sense. □